

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

11/20/2003

Milliken & Company  
 P.O. Box 1927  
 Spartanburg, SC 29304



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Stacy Coats (Depositor's name)  
 Stacy Coats (Signature)  
 January 14, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/994.087	11/21/2001	John David Strength	5370	7844

TITLE OF INVENTION: CAMOUFLAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BEFUMO, JENNA LEIGH	1771	442-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Terry T. Moyer

2 Jeffery E. Bacon

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MILLIKEN &amp; COMPANY

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spartanburg, South Carolina, USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0500 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01/20/2004 STEUNEL2 00000036 09994087

01 FC:1501  
02 FC:15041330.00 OP  
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)

VENDOR NO. 8887001

Milliken &amp; Company

NUMBER 315665

FOR THE ACCOUNT OF /ADDRESS ALL CORRESPONDENCE TO: P.O. BOX 1838, SPARTANBURG, S.C. 29304		INVOICE NUMBER	INVOICE DATE		INVOICE AMOUNT	T A X	ADJUSTMENT	DISCOUNT
MILLIKEN & COMPANY IZR	3	5370	1125	1	163000	0		

120403

CODE: 1. YOUR INVOICE  
2. YOUR CREDIT 3. OUR DEBITPAGE NET  
AMOUNT

\$1630.00

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.



DATE

120403

MILLIKEN

PHONE (864) 503-1551  
P.O. BOX 1838 SPARTANBURG, S.C. 29304-1838

CHECK NO. 315665

299

Citibank Delaware  
A subsidiary of Citicorp  
One Penn's Way  
New Castle, DE 19720

62-20

311

AMOUNT

EXACTLY

\*\*\*\*\*1630 DOLLARS

00 CENTS

\$1630.00

PAY  
TO THE  
ORDER OFCOMMISSIONER OF PATENTS AND TRADEMAR  
PO BOX 1450  
ALEXANDRIA VA 22313Milliken & Company  
Paying Agent

John A. Elliott

06/12/02 AP SH

1131566511

10311002090

3869181211